AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

Application No.

Yechiel.

GOTFR LED

10/616,218

Filed:	July 8, 2003	3			
Title:	INTRAMEDULLARY NAIL SYSTEM AN	ND METHOD FOR FIXAT	ION OF A FRACTURED BONE		
Attorn	ey Docket No. 03398/LH	Art Unit:	3733		
The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:					
			Registration Number		

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the abovenamed practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record				
Signature		Date Fiel-17, 2-068		
Name	Leonard Holtz	Registration No., if applicable 22,974		
Telephone	(212) 319-4900			

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.